



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision
Amended and Sent on 7/07/2012

DATE OF REVIEW: 7/04/2012

Date of Amended Decision: 7/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OUTPATIENT RIGHT ANKLE BROSTROM REPAIR & ANTERO/ LATERAL DECOMPRESSION.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D. Board Certified in Orthopedic Surgery, Fellowship trained Spine Surgeon.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance Notice of Case Assignment	6/14/2012
Workers' Comp Services Notification of Reconsideration Determination Notification of Adverse Determination	5/30/2012 5/08/2012
X Ray Radiology Report	7/26/2011
Orthopaedic Surgery Group Office Visit Notes	1/23/2012-5/17/2012
RE Medical Associates PPE Pre- Authorization Request Follow-up Ankle Evaluation Order Requisition	8/03/2011 8/08/2011-10/20/2011 10/18/2011 10/13/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

Injured worker sustained a supination inversion injury to the right ankle in xx/xx while navigating stairs. She complains of chronic right ankle pain, swelling, and instability. Over the past year, a trial of conservative management to include at least 14 sessions of therapy, medications, and activity modifications were unsuccessful.



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Examination of the ankle reveals tenderness over the lateral ligaments with associated swelling, positive anterior drawer sign, and pain with rotation. Stress radiographs on 4/19/2012 showed syndesmotic widening with a slight Talar tilt. MRI on 7/26/2011 showed Achilles tendinopathy. A diagnosis of instability is given by the requesting foot and ankle surgeon.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per ODG references, the patient meets the criteria for the proposed treatment.

The patient by history and exam has a diagnosis suggestive of ankle instability and has failed conservative care by documents submitted for review. Given the failure of conservative care and history and exam suggestive of ankle instability, surgical intervention is recommended.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)